

09/841471

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51								
2		/					52								
3		/					53								
4		/					54								
5		/					55								
6		/					56								
7		/					57								
8		/					58								
9		/					59								
10		/					60								
11		/					61								
12		/					62								
13	/						63								
14		/					64								
15	/						65								
16		/					66								
17		/					67								
18		/					68								
19		/					69								
20		/					70								
21		/					71								
22		/					72								
23		/					73								
24		/					74								
25	/						75								
26		/					76								
27		/					77								
28		/					78								
29		/					79								
30		/					80								
31		/					81								
32		/					82								
33		/					83								
34		/					84								
35		/					85								
36		/					86								
37	/						87								
38		/					88								
39		/					89								
40		/					90								
41	/						91								
42	/						92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	7						TOTAL IND.								
TOTAL DEP.	36						TOTAL DEP.								
TOTAL CLAIMS	43						TOTAL CLAIMS								